

**PATENT**

MS150961.1

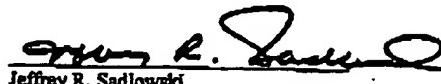
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**CERTIFICATE OF FACSIMILE TRANSMISSION**  
 I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being faxed to 703-872-9306 on the date shown below to Box Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date: 5-14-2004

Jeffrey R. Sadlowski


**OFFICIAL**
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of:

Applicant(s): Sprague, et al.

Examiner: Cesar B. Paula

Serial No: 09/649,254

Art Unit: 2178

Filing Date: August 28, 2000

 Title: METHOD AND APPARATUS FOR PROVIDING DATA FROM A  
 DATA SOURCE TO A DATA CONSUMER, AND FOR RENDERING  
 DATA FROM A DATA PROVIDER TO AN INTERFACE

**Box Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**

**REPLY TO OFFICE ACTION DATED FEBRUARY 13, 2004**

Dear Sir:

Favorable reconsideration of the above-identified patent application is respectfully requested in view of the comments below. The Commissioner is authorized to charge a one-month extension of \$110.00 to Deposit Account No.50-1063 [MSFTP117US].

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**III. CONCLUSION**

The present application is believed to be in condition for allowance in view of the above comments. A prompt action to such end is earnestly solicited.

In the event any fees are due in connection with this document, the Commissioner is authorized to charge those fees to Deposit Account No. 50-1063.

Should the Examiner believe a telephone interview would be helpful to expedite favorable prosecution, the Examiner is invited to contact applicants' undersigned representative at the telephone number listed below.

Respectfully submitted,

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## **PATENT APPLICATION FEE DETERMINATION RECORD**

**Effective December 29, 1999**

**Application or Docket Number**

09/649254

**CLAIMS AS FILED - PART I**

**(Column 1)**

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	50 minus 20 =	30
INDEPENDENT CLAIMS	11 minus 3 =	8
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

5-1403

(Column 1)

(Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 50	Minus	** 50	= 1
Independent	* 11	Minus	*** 11	=

**(Column 1)**

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	••	=
Independent	•	Minus	•••	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)

**(Column 2)**

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	..	=
Independent	•	Minus	***	=

**• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.**  
**• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"**  
**• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."**

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
	345.00		690.00
X\$ 9=		X\$18=	540.00
X39=		X78=	624.00
+130=		+260=	
<b>TOTAL</b>		<b>OR TOTAL</b>	1854.00

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X39=		OR X78=	
+130=		OR +260=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE